

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039897  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5259

FILED NOV 7 1963

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas city</u>       |  | c. CITY OR TOWN <u>Kansas city</u>  |  |
| Length of stay in lb. <u>10 yrs.</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>College Ave. Nurs. Home</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>514 1/2 Main</u>  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|  |                                |   |  |   |  |
|--|--------------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or print) <u>CHARLES E FINLEY</u>   |                                |   | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>22</u> Year <u>1963</u> |   |  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>wh.</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-23-1881</u>                               | 9. AGE (last birthday)<br><u>82</u>                             | 10. IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>            |                                |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Lee Summit Mo</u>          |   |  |
| 11. BIRTHPLACE (City and state or country)<br><u>USA</u>   |                                |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                          |   |  |
| 13a. FATHER'S NAME<br><u>Jesse Finley</u>  |                                | 13b. MOTHER'S MAIDEN NAME<br><u>Eunice Finley</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Passantino Bros. K.C. Mo.</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                                |   | 16. SOCIAL SECURITY NO.<br><u>[redacted]</u>                       |   |  |
| 17. INFORMANT<br><u>Passantino Bros. K.C. Mo.</u>  |                                |   | Address  |   |  |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u> |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>HYPERTENSION</u>   |  | <u>10 years</u>                                  |  |
| DUE TO (c) <u>ARTERIOSCLEROSIS</u>   |  | <u>12 years</u>                                  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                    |  |  |  |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE   |
| 21. I attended the deceased from <u>7-1-63</u> to <u>10-22-63</u> and last saw her alive on <u>10-22-63</u><br>Death occurred at <u>10:55 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22. SIGNATURE (Degree or title)<br><u>Frank Paul Lawrence MD</u>                             |  |
| 22b. ADDRESS<br><u>428 S. White Ave</u>   |   | 22c. DATE SIGNED<br><u>10-22-63</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>10-24-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Calvary</u>                                     | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Passantino Bros K.C., Mo</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-24-63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Bessie Smith</u>                         |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

D. Laminar 10-22-63

10<sup>15</sup> AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al Passanturo

Licensed Embalmer No. 4554

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.